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**California
Medicine**



EDITORIAL

Medicare in 1966

CONFRONTED LAST MONTH with the fact of Public Law 89-97, the American Medical Association carefully examined its own great main purpose—to develop the best possible medical care and find ways of supplying it to all who need it—in the light of that new fact. From this examination came a statement of attitude that at once recognized the civic duty of respect for law and encouraged all physicians to keep constant vigil over bureaucratic rules and regulations that might diminish the quality of care or unduly encumber the processes by which it is rendered.

The statement, which was adopted at a special session of the AMA House of Delegates, pledged the AMA to advise with agencies of the Federal Government to the end that medicine's objectives on behalf of the public and the profession be preserved and where possible even advanced.

In view of the record of deterioration in the quality of medical practice in countries abroad where the state has come between physicians and their patients, it is quite understandable that physicians here are for the most part wary of anything that might lead down the same road in the United States.

This is not to say that we cannot hope to do better here than has been done in other lands. Indeed we begin under the new law with a note of hope in a statement made by John W. Gardner,

the recently appointed Secretary of the Department of Health, Education, and Welfare. Dr. Gardner (Ph.D.), formerly president of the Carnegie Foundation for the Advancement of Teaching, said that implementation of Public Law 89-97 by his department will proceed "with due respect" for the integrity of the medical profession. Another reason for hope is that physicians with experience in practice and a thorough grounding in the ethics and the traditional aspirations of physicianship have been drawn into Federal Government positions in which they are certain to play a part in the shaping of Medicare. One of them is Philip R. Lee, of the Palo Alto Medical Clinic, who has become Assistant Secretary for Health in the Department of Health, Education, and Welfare. Another is Roberta F. Fenlon of San Francisco, a member of the Council of the California Medical Association, who has taken leave of her private practice to serve as Consultant to Arthur E. Hess, Director of the Bureau of Health Insurance of the Social Security Administration.

These auspices, however, cannot be expected to overcome the fundamental opposition of the great body of medicine to any system under which non-medical third-party interference can fetter a physician's exercise of his best judgment in the treatment of his patients.

Whether or not to cooperate with the new Medicare program is for each physician to decide for himself, as the AMA statement of attitude makes plain. But whether a physician decides to take patients and payment under the Medicare law or declines to do so, from now on he ought to be alert for the good points and the bad in the system as it is set up, so that all the experience of